

JAN 23 1941

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

44090

Do not use this space.

1. PLACE OF DEATH

(a) County Stallard
(b) Township Pike 3
(c) City Advance, Mo

Registration District No. 834
Primary Registration District No. 4-23-197

Registered No. 40

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Advance, Mo St. ☐ (Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Virginia Moran</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 4, 1907</u>		
7. AGE <u>33</u>	YEARS <u>9</u>	MONTHS <u>28</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Banker</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Advance, Mo

FATHER
13. NAME C. S. Prather
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vandalia, Illinois

MOTHER
15. MAIDEN NAME Mary Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wittenberg, Mo

17. INFORMANT (ADDRESS) C. S. Prather, Advance, Mo

18. BURIAL, CREMATION, OR REMOVAL
New Springs Cemetery, Advance, Mo

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. S. Morgan, Advance, Mo

20. FILED Jan 16, 1941 D. S. McGee Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1940

22. I HEREBY CERTIFY That I attended deceased from Unattended 19____ to 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Gun shot wound
Revolver
thru head
Other contributory causes of importance: 167

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accident Date of injury Dec. 23, 1940

Where did injury occur? Advance, Mo (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Gun shot

Nature of injury thru head

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John Wilson M. D.

(Address) Advance, Mo

RECEIVED

District Health Officer

District File Number 141-

Date Filed 1/8/

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Lloyd S. Morgan, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Lloyd S. Morgan

Licensed Embalmer No. 3361

P. O. Address Adventer Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.